

# EMS Evaluator Application



**Applicant Name:** \_\_\_\_\_  
Last, First, MI

**Mailing Address:** \_\_\_\_\_  
Street Address, City, State, Zip

**EMS Registry Number** (Number on your certification card)

**Work Phone:**

**Home Phone:**

**E-mail address:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

The above information is correct and I hereby agree to provide evaluation only to the skill and knowledge standards of my EMS certification level.

## EMS Evaluator Workshop Information

**Location:**

**Date:**

**Workshop Instructor:**

**Signature:**

This workshop addressed methods and techniques of consistent and objective practical skills evaluation. I recommend the above applicant be approved to evaluate practical skills evaluations using Washington State Department of Health identified forms.

## Approval Signatures

\_\_\_\_\_  
**County Medical Program Director (MPD)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**DOH, Education, Training and Regional Support Section**

\_\_\_\_\_  
**Date**

## EMS Evaluator Requirements

### You Must:

- A. Be a currently certified EMS provider who has completed at least one certification cycle (3 years)
- B. Complete an Evaluator Workshop that teaches the methods and techniques to provide consistent and objective practical skill evaluations, and proficiency in the use of practical skills evaluation forms specific to the level of certification being evaluated, utilizing forms identified by the Department of Health.
- C. Be approved by your County MPD and the ETRS Section of the Office of Emergency Medical Services and Trauma System

### Obtain Medical Program Director Signature, and Mail To:

Office of Emergency Medical Services and Trauma System  
Education, Training and Regional Support Section  
PO Box 47853  
Olympia, WA 98504-7853  
Questions? Call (360) 236-2840 or toll free at (800) 458-5281, Ext. 2